



**OREGON  
DEPARTMENT OF  
AGRICULTURE**

*Protect. Promote. Prosper.*

## Ginseng Grower and Dealer Application

Please allow 15 business days to process this application in full. This license will expire on April 30, following the date of issue. Fees are not prorated.

### CONTACT INFORMATION

Legal Name (Owner): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

Check license type:
<input type="checkbox"/> New License
<input type="checkbox"/> Renewal
License number: AG-L_____

### BUSINESS LOCATION INFORMATION

Business Name: \_\_\_\_\_

Location Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

### LICENSE FEE INFORMATION

Applicants acting as both a grower and a dealer must pay both fees.

Ginseng Grower

License fee: \$25.00

Ginseng Dealer (buys ginseng for resale, broker)

License fee: \$25.00

**Total:** \_\_\_\_\_

**GINSENG REPORTING**

The reporting period is from May 1 to April 30 of each year. To convert green weight to dry weight, multiply by .25 (25%).

**Growers:**

Total harvest: \_\_\_\_\_ Lbs. (Dry Weight)

Total sales to:            In-state (uncertified)            \_\_\_\_\_ Lbs. (Dry Weight)

   Out-of-state (self-certified)            \_\_\_\_\_ Lbs. (Dry Weight)

**Dealers:**

Total ginseng bought: Oregon-grown            \_\_\_\_\_ Lbs. (Dry Weight)

   Out-of-state            \_\_\_\_\_ Lbs. (Dry Weight)

List states and amounts: \_\_\_\_\_ Lbs. (Dry Weight)

Total ginseng on hand: \_\_\_\_\_ Lbs. (Dry Weight)

**PAYMENT METHOD**

**FOR CHECK OR MONEY ORDER, MAIL TO:**

Oregon Department of Agriculture  
P.O. Box 4395, Unit 17  
Portland, Oregon 97208-4395

**FOR CREDIT CARD CHARGE, MAIL OR FAX TO:**

Oregon Department of Agriculture  
635 Capitol Street NE  
Salem, Oregon 97301-2532  
Secure Fax: 503.986.4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25.00 administrative fee per ORS 30.701.

**For Visa, MasterCard, Discover, or American Express card charges, complete the following information:**

Name of cardholder: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of cardholder: \_\_\_\_\_  
\_\_\_\_\_

Email or fax receipt available for credit card payments **ONLY**.

Print email address or fax number: \_\_\_\_\_

Signature: \_\_\_\_\_ Total Charges: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_